



Quarterly Member Services Report

Quarter 2 Fiscal Year 2008

Introduction

The Quarterly Member Services Report presents a distribution and analysis of complaints for Title XIX/XXI (TXIX/XXI) members receiving behavioral health services in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system of care. ADHS/DBHS defines a complaint as, “An expression of dissatisfaction with any aspect of care, other than the appeal of actions.”

Complaints are received by ADHS/DBHS through two reporting mechanisms: the ADHS/DBHS Customer Service Unit and the Regional Behavioral Health Authorities (RBHAs). Complaints may be initiated by eligible and enrolled members, member families or legal guardians, stakeholders (such as the Governor’s Office), other state and RBHA contracted agencies and the public. Complaints received by the ADHS/DBHS Customer Service Unit are referred to the RBHA in which the member is enrolled. RBHAs have systems in place to receive complaint calls directly from the member and through referral by ADHS/DBHS. Complaint data is tracked and trended to identify potential gaps in service delivery, areas for performance improvement and utilized as an integral part of ADHS’ comprehensive Quality Management/Utilization Management Plan.

Complaint categories are standardized by ADHS/DBHS and utilized by the RBHAs in reporting complaint data. The seven complaint categories are:

- Access to Services
- Clinical Decisions Related to Service
- Client Rights
- Coordination of Care
- Customer Service
- Financial
- Information Sharing

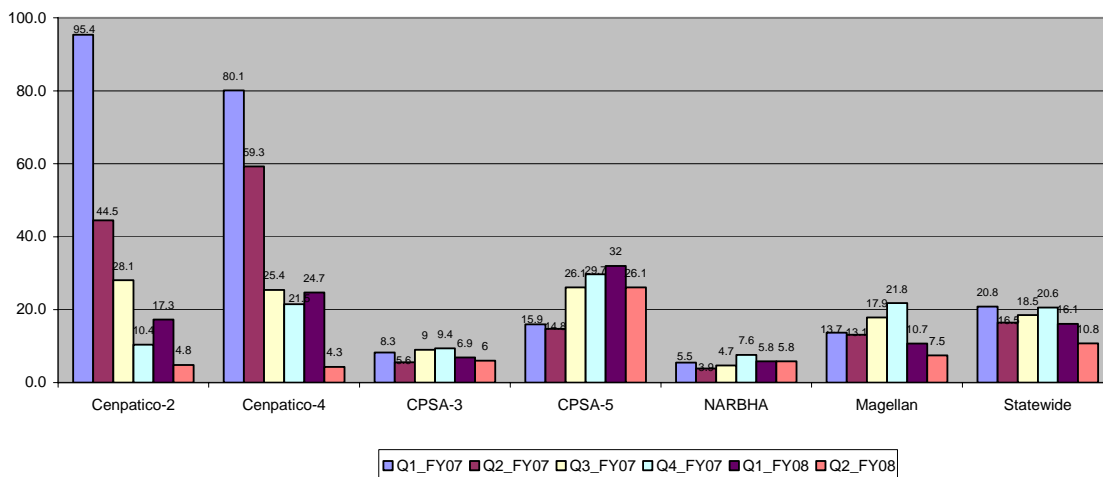
Data Limitations

There are no known data limitations for complaint analysis in Quarter 2, Fiscal Year 2008 (Q208).

Statewide Complaint Rates

This section discusses complaint rates for Q208 per RBHA per 1,000 enrolled members along with a comparison to the complaint rates from Q107. Results are presented in the aggregate by program type and RBHA.

Table 1. Complaint Rates per Thousand Title XIX/XXI Members by RBHA
Quarter 1, FY07 --Quarter 2, FY08



As evidenced by the complaint rates per 1,000 in Table 1, complaint rates in Q208 show an overall decrease from the previous five reporting quarters. Cenpatico (CBH AZ) 2 and 4, and Community Partnership of Southern Arizona (CPSA) 5, who demonstrated a slight increase in complaint rates in Q108 over the previous four data points, both demonstrated a decrease in complaint rates in Q208. ADHS/DBHS requested a second level analysis from CPSA and CBH AZ to identify any system issues either positively or negatively impacting the complaint rates. CBH AZ identified the need to ensure reliability between staff receiving and logging complaints and conducted a comprehensive review of the standardized complaint categories and definitions to assist complaint staff in accurate identification and classification of complaints. CPSA contends that its Adult and Child members are actively encouraged to participate in the complaint process through services provided by CPSA Member Services staff, including peer support staff and advocates, therefore some increase in complaints may be evident any reporting quarter.

Table 2 displays the distribution of complaint rates among RBHAs and statewide by population.

Table 2. Complaint Rates among Title XIX/XXI Members by RBHA
October 1, 2007 – December 31, 2007

RBHA	Enrollment			Complaints			Rate per 1000*		
	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total
CBH AZ 2	1,414	2,994	4,408	3	18	21	2.1	6.0	4.8
CBH AZ 4	2,963	4,447	7,410	19	13	32	6.4	2.9	4.3
CPSA 3	1,326	3,319	4,645	7	21	28	5.3	6.3	6.0
CPSA 5	6,756	14,455	21,211	57	496	553	8.4	34.3	26.1
NARBHA	3,705	8,912	12,617	12	61	73	3.2	6.8	5.8
Magellan	16,052	31,688	47,740	21	335	356	1.3	10.6	7.5
Statewide	32,216	65,815	98,031	119	944	1,063	3.7	14.3	10.8

When comparing the complaint rate per 1,000 consumers in Q208 to those of the previous four data points, it is evident that the complaint rates for both Adults and Children have remained within statistical controls throughout FY07 to Q208.

Q208 continued the decreasing trend in the Child complaint rate from the previous four quarters. The Child complaint rate decreased from 10.1% per 1,000 in Q108 to 3.7% per 1,000 in Q208 and significantly decreased from Q107 (19.4% per 1000) with the Adult complaint rate continuing a downward trend as well, from 21.6% in Q107 to 10.8% per 1,000 this reporting quarter.

Further analysis of complaint rates reveals that members aged 21 and over lodged the largest number of complaints at a rate of 84.7% in Q208, consistent with complaint patterns from FY07 and indicative of the enrollment numbers for Adults. Adult consumers aged 18-20 lodged only 4% of the total complaints for this quarter, as is consistent with previous reporting. Adult SMI consumers lodged 59% of complaints in Q208, with Adult GMH consumers filing at a rate of 19.5%, a decrease from 26% in Q108 and following a downward trend from Q307 (37%), with Child consumers logging 11.2% of Q208 complaints.

Table 3. RBHA/Statewide Adult Complaints by Complaint Category Q208

RBHA	Access to Service		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Services		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CBH 2	3	17%	1	6%	3	17%	7	39%	3	17%	1	6%	0	0%	18	1.9%
CBH 4	2	15%	0	0%	1	7.7%	9	69%	1	7.7%	0	0%	0	0%	13	1.4%
CPSA 3	4	19%	1	4.8%	7	33%	3	14%	6	29%	0	0%	0	0%	21	2.2%
CPSA 5	61	12%	12	2.4%	229	46%	42	8.4%	142	29%	5	1.0%	5	1.0%	496	53%
Magellan	267	80%	4	1.2%	28	8.3%	5	1.5%	30	9.0%	0	0%	1	0.3%	335	35%
NARBHA	7	11%	4	7.0%	31	51%	0	0%	19	31%	0	0%	0	0%	61	6.5%
Statewide	344*	36%	22	2.3%	299*	32%	66	7.0%	201*	21%	6	0.6%	6	0.6%	944	100%

Three top complaint categories

The largest numbers of Adult complaints filed by both SMI and GMH members in Q208 were captured in the *Access to Services* category (see Table 3), replacing *Clinical Decisions Related to Services* as the top complaint category this reporting quarter. Similar to complaint patterns over FY07, *Access to Services* was followed by *Clinical Decisions Related to Service* and *Customer Services*, rounding out the top three Adult complaint categories in Q208. An identified outlier for the increase in *Access to Services* complaints lies with Magellan, whose members lodged 57% of complaints for this category this reporting quarter. *Coordination of Care* complaints have continued a downward trend as compared to FY07, attributed to the decrease in complaints for the previously identified outlier, Cenpatico (CBH AZ).

The sub-categories contributing to the complaint numbers for *Access to Services* are *Authorization Process* and *Wait List*. *Authorization Process* captures complaints pertaining to the RBHA's prior authorization process for services and medications or the inability to access a service in a timely manner due to a lengthy prior authorization process. *Wait List* captures complaints pertaining to concerns that a service is not provided within an appropriate timeframe due to provider capacity issues. As mentioned previously, ADHS/DBHS identified the outlier as Magellan, which contributed 58% of the total *Access to Services* complaints in Q208.

The most frequently cited Covered Services related to these types of complaints this reporting quarter are *Support Services*, lodged at a rate of 55%, followed by *Medication Services* at 24% of *Access to Services* complaints (see Table 4). *Support Services* complaints indicate a potential issue with the provision of services to members in a non-traditional setting. ADHS/DBHS has identified this as a network issue and required the RBHAs to include network development for this service in their network plans. The rate of complaints pertaining to *Medication Services* is consistent with other data reviewed by ADHS/DBHS, such as Urgent Care statistics in Maricopa County which cites “access to psychiatric services” and “need for medication” as top reasons individuals seek its services. As there is a national shortage of psychiatrists, this data is not surprising. To address the lack of treating physicians in Arizona, the RBHAs have completed national searches and hired locum tenens.

As the RBHAs consistently meet *Access to Care* standards for initial appointments, this data indicates a potential issue with other aspects of performance, such as office wait times and service authorizations. ADHS/DBHS requires the RBHAs to monitor office wait times to ensure they do not exceed 45 minutes, and monitors this through the Annual Administrative Review. All RBHAs not meeting the standard are required to submit corrective actions. Service authorizations are also reviewed through this process, with actions taken as necessary. As Magellan has reported the majority of complaints in this complaint category, ADHS/DBHS will require Magellan to provide a second level, root cause analysis of these complaints and develop targeted, comprehensive improvement plans to reduce the number of complaints in this category as well as increase the provision of these Covered Services to its members. ADHS/DBHS QM presented Magellan data to the ADHS/DBHS QM Committee for review and recommendations for further action. Magellan specific complaint data pertaining to the provision of Covered Services for TXIX members will be presented by ADHS/DBHS QM at the Magellan team meeting and the Arnold QM Committee.

Continuing the upward trend identified over FY07, the sub-category contributing to the *Clinical Decisions Related to Service* complaint numbers is *Assessment/Service Plan Content*, which captures complaints pertaining to the types, frequency and intensity of Covered Services provided to the member as outlined in their individual service plan. *Assessment/Service Plan Content* continues to capture the largest amount of member concerns over FY07 to Q208 and is consistent with the output from various other data sources, such as the ADHS/DBHS Office of Behavioral Health Licensure (OBHL) reviews and subsequent citations; Independent Case Review (ICR) and Consumer Survey data. ADHS/DBHS has targeted improvement efforts toward assessment and service plan development and maintenance.

The most frequently cited Covered Services related to these types of complaints are *Support Services*, lodged at a rate of 33%, followed by *Medication Services*, at 27% of all *Clinical Decisions Related to Services* complaints. Of note is that *Medication Services* replaced *Treatment Services* in Q208 as the second most frequently cited Covered Services category for these types of complaints. This indicates a potential issue with treatment planning in Outpatient service settings as well as with the quality of medication

services provided to members as outlined in their individual service plans. To address this issue, ADHS/DBHS' Quality Management Committee referred it to the Clinical Council for review and recommendations. Based on this review, an Assessment/Service Plan workgroup comprised of representation from ADHS/DBHS and the RBHAs is in development to streamline and revise the service plan and assessment templates as well as develop a comprehensive training module to be conducted by ADHS/DBHS at each RBHA. ADHS/DBHS QM will review the status of the development of this training module with representatives from the Clinical Council Workgroup at the next QM Committee Meeting scheduled for March, 2008.

The third highest complaint category in Q208 is again *Customer Services* with the top concerns for both SMI and GMH adults being evenly distributed between *Unable to Contact Provider Staff* and *Other, No Rights Violation*. While being unable to contact provider staff has been evidenced as an ongoing concern from Q307 to Q208, *Other, No Rights Violation* has not previously been identified as a major contributor to the overall complaint numbers for this category. *Other, No Rights Violation* is a "catch all" category for generalized complaints that do not constitute a rights violation, including a member's belief that they were not treated respectfully. ADHS/DBHS will continue to observe complaints in this sub-category to identify any potential trends which may emerge over the next reporting quarters. ADHS/DBHS' Quality Management Committee referred the upward trend in *Customer Services* complaints to the ADHS/DBHS Customer Service Department for follow up and required the RBHAs to provide Customer Service interventions to ADHS/DBHS for inclusion in a statewide Customer Services initiative. Upon recommendation of the ADHS/DBHS QM Committee, Customer Service complaint data was presented to the Greater Arizona Team Meeting, comprised of representation of all functional areas of ADHS/DBHS, for further review and recommended action.

Table 4. Adult Complaints by Covered Service Category, Q208

Covered Service	Access to Services		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Services		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Behavioral Health Day Program	2	0%	0	0%	2	0.6%	0	0%	0	0%	0	0%	0	0%	4	0.4%
Crisis Services	6	1.7%	1	5.0%	8	3.0%	1	2.0%	2	1.0%	0	0%	0	0%	18	2.0%
Inpatient Services	4	1.2%	6	27%	29	10.0%	3	5.0%	0	0%	1	17%	0	0%	43	5.0%
Medication Services	83	24%	1	5.0%	81	27%	8	12%	21	10%	2	33%	1	17%	197*	21%
Residential Services	7	2.0%	1	5.0%	32	11%	0	0%	4	2.0%	0	0%	0	0%	44	5.0%
Support Services	188	55%	10	45%	99	33%	7	11%	144	72%	2	33%	4	67%	454*	48%
Treatment Services	54	16%	3	14%	48	16%	47	71%	30	15%	1	17%	1	17%	184*	20%
Total	344	36%	22	2.3%	299	32%	66	7.0%	201	21%	6	0.6%	6	0.6%	944	100%

* Covered Services Categories with zero complaints during the reporting quarter are not included in the table.

** Top Three Covered Services Categories*

Table 5. RBHA/Statewide Child Complaints by Complaint Category Q208

RBHA	Access to Service		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Services		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CBH 2	0	0%	0	0%	0	0%	3	100%	0	0%	0	0%	0	0%	3	2.5%
CBH 4	3	16%	1	5.2%	1	5.2%	9	47%	2	11%	0	0%	3	16%	19	16%
CPSA 3	2	29%	0	0%	5	71%	0	0%	0	0%	0	0%	0	0%	7	6.0%
CPSA 5	10	18%	0	0%	31	54%	4	7.0%	10	18%	2	3.5%	0	0%	57	48%
Magellan	15	71%	0	0%	4	19%	2	10%	0	0%	0	0%	0	0%	21	18%
NARBHA	3	25%	2	17%	3	25%	2	17%	1	8.3%	0	0%	1	8.3%	12	10%
Statewide	33*	28%	3	2.5%	44*	37%	20*	17%	13	11%	2	1.7%	4	3.3%	119	100%

Top three complaint categories

As with Child complainants in Q108, the highest complaint category for Child consumers this reporting quarter is *Clinical Decisions Related to Service* (Table 5). *Access to Services* replaced *Coordination of Care* in Q208 as the second highest complaint category, breaking a trend for *Customer Services* related complaints for Child members beginning in the last two quarters of FY07. Child *Access to Services* and *Coordination of Care* complaints alternated as the third highest complaint category over FY07 to Q208, with *Coordination of Care* comprising the third highest complaint category for Children this reporting quarter.

A sub-category analysis of Child complaints indicates *Assessment/Service Plan Content* continues to comprise the majority of Child *Clinical Decisions Related to Services* calls at a rate of 55%. *Assessment/Service Plan Content* captures complaints pertaining to the types, frequency and intensity of Covered Services provided to the member as outlined in their individual service plan. The Covered Services Category *Treatment Services* was most frequently related to complaints in this category and is consistent with data reported over the last three data points. This Covered Services Category captures complaints pertaining to counseling/therapy; assessment, evaluation and screening; and other professional services. The Assessment/Treatment Plan Workgroup described in the previous section will be addressing concerns related to this topic for the Child population as well.

Applying this level of analysis to *Access to Services* complaints proves difficult, as no one sub-category for *Access* complaints occurs at a rate to which one may apply a trend and was almost evenly distributed over all the *Access to Care* sub-categories. The sub-category contributing to the overall complaints for *Coordination of Care* is *Coordination between Health Care Systems*, with 40% of *Coordination* complaints. Caution should be used in interpreting this data, as the “n” for this complaint category totaled 20 complaints.

While no identifiable trend has emerged in the sub-categories for the *Access to Services* and *Coordination of Care* complaint categories over the last five reporting quarters, comparison to the Covered Services category, *Treatment Services*, and to the treatment setting from which the majority of Child complaints originated, *Outpatient*, indicates Child consumers are reporting similar concerns to that of Adult complainants, such as the frequency, intensity and duration of Covered Services provided the member as outlined in the assessment and service plan to reach their treatment goals. Table 6 provides a

crosswalk of Child complaints as related to Covered Services, presented in the aggregate statewide.

Table 6. Child Complaints by Covered Service Category, Q208

Covered Service	Access to Services		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Services		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Behavioral Health Day Program	0	0%	0	0%	1	2.3%	0	0%	0	0%	0	0%	0	0%	1	0.8%
Crisis Services	0	0%	0	0%	0	0%	0	0%	2	14%	0	0%	0	0%	2	1.7%
Inpatient Services	4	12%	0	0%	1	2.3%	0	0%	1	7.1%	0	0%	0	0%	6	5.0%
Medication Services	8	24%	0	0%	8	18%	4	21%	1	7.1%	2	100%	0	0%	23	19%
Residential Services	2	0.6%	0	0%	4	9%	0	0%	0	0%	0	0%	0	0%	6	5.0%
Support Services	6	18%	1	.04%	9	20%	2	11%	5	36%	0	0%	0	0%	23	19%
Treatment Services	13	40%	2	.08%	21	48%	13	68%	5	36%	0	0%	4	100%	58	49%
Total	33	28%	3	3.0%	44	37%	19	16%	14	12%	2	11.7%	4	3.3%	119	100%

* Covered Services Categories with zero complaints during the reporting quarter are not included in the table.

** Top Three Covered Services Categories*

Complaint Resolution

This section discusses the resolution rates inclusive of Adult and Child members of all program types (Table 7). ADHS/DBHS encourages complaints be resolved at the lowest level possible, striving for resolutions that meet to the complainants satisfaction. The RBHAs have 90 days from receipt of the complaint for resolution.

Table 7. Statewide Complaint Resolutions by Complaint Category, Q208

Resolution	Access To Svc	Client Rights	Clinical Decisions Related to Svcs	COC	Customer Services	Financial	Information Sharing	Total
Closed with POC	12	0	2	1	4	0	0	19
Closed w/out Merit	1	0	2	0	1	0	0	4
Pending	62	2	45	11	13	1	0	134
Referred to other Agency	2	0	1	0	0	0	0	3
Resolved	268	19	273	72	181	7	9	829
Resolved w/out Client Satisfaction	7	1	10	1	12	0	0	31
Transferred to OGA	25	3	10	0	4	0	1	43
Total	377	25	343	85	215	8	10	1063

*Resolution Categories with no complaints are not reflected in this table.

Of the 1,063 total complaints received in Q208, 78% were resolved within the reporting quarter, an increase over Q108 (65%). A review of complaint resolution data over the last five data points indicates this resolution rate is typical for the reporting timeframe.

Only 13% of complaints are pending resolution in Q208, also a decrease from Q407. A review of FY07 resolution data as compared to Q208 data indicates no trend in the remaining complaint resolution categories at this time.

Statewide Appeals

This section discusses the statewide Arizona Health Care Cost Containment System (AHCCCS) appeals rates for TXIX members in Q208. Appeals data is collected by the ADHS/DBHS Office of Grievance and Appeals (OGA). ADHS/DBHS defines an appeal as, “A request for review of an action.” “Action” is defined as:

1. The denial or limited authorization of a requested service, including type and level of service;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or part, of payment for a service;
4. The failure to provide a service in a timely manner;
5. The failure of a contractor to act within the time frames for service as indicated contractually; or
6. For an enrollee residing in a rural area with only one contractor, the denial of an enrollee’s request to exercise the right to obtain services outside the contractor’s network.

AHCCCS Appeal Rates

AHCCCS appeals rates are aggregated and stratified by RBHA, Program Type, Issue Description and Outcome of Appeals. AHCCCS appeals rates are calculated at a rate per 1,000 enrolled members. Figure 1 reflects the appeals rates for Child and Adult members statewide from Q107 to Q208.

Figure 1 . AHCCCS Appeal Rates among Title XIX Members
Quarter 1, FY07 -- Quarter 2, FY08
Statewide

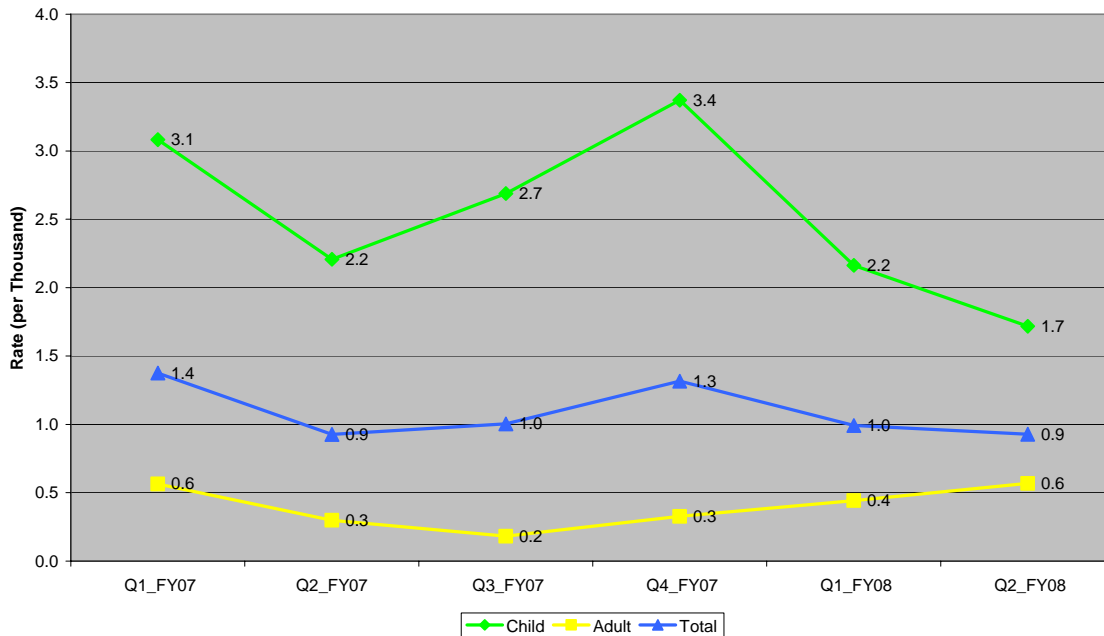


Table 8. Appeals* Rates among Title XIX Members by RBHA, Q208

RBHA	Number of Appeals			Rate**		
	Child	Adult	Total	Child	Adult	Total
CBH 2	0	1	1	0.0	0.3	0.2
CBH 4	0	1	1	0.0	0.2	0.3
CPSA 3	1	4	5	0.8	1.2	1.1
CPSA 5	45	16	61	3.1	0.5	1.3
Magellan	4	3	7	1.2	0.3	0.6
NARBHA	2	3	5	0.6	0.4	0.4
Statewide	51	37	88	1.7	0.6	0.9

*AHCCCS Appeal

**Per 1,000

During Q108, ADHS/DBHS OGA documented a total of 88 appeals for TXIX members at a rate of 0.9% per 1,000, a decrease from Q107 (1.4% per 1,000). As appeals rates can mirror the increase or decrease in complaint rates, the lower overall complaint rate in Q208 is reflected in the decreased appeals rate for this reporting quarter, as evidenced in Adult filed appeals. However, this is contradicted by the fact that appeals filed on behalf of Child members has remained the outlier for the increase or decrease in appeals rates from FY06 (see Table 9). Appeals for this population are related primarily to denial of out-of-home placements, particularly residential treatment centers, and are originated by system partners as opposed to caregivers or families.

Program Type

Table 9 displays the distribution of Q208 appeals by Program Type.

Table 9. Appeals among Title XIX Members by Program Type, Q208

Program	Percent
Children	58.62%
GMH/SA	27.59%
SMI	13.79%
Total	100.00%

Issue Description

Table 10 displays the distribution of Q208 appeals by Appeal Issue Description. *Denial of Service* appeals have begun a downward trend from Q307 to Q208 (90% of appeals to 75%). However, this appeal description comprises the majority of member filed appeals. Magellan, the Maricopa County RBHA, contributed 60% of *Denial of Service* appeals this reporting quarter. As reflected in Magellan's complaint data, Magellan members cited the highest rate of complaints pertaining to accessing services, which may be indicative of the rate of *Denial of Service* appeals filed by its members. ADHS/DBHS QM Department shared this data with the ADHS/DBHS Quality Management Committee and OGA for review and action and will present Magellan appeals data at the Magellan Team Meeting and the Arnold Team Meeting.

Table 10. Distribution of Appeal among Title XIX Members by Issue Description and RBHA, Q208

Issue Description	RBHA	Frequency	Percent
Reduction, Suspension or Termination of Service	Cenpatico-2	1	1.1%
Denial of Service	Cenpatico-4	1	1.1%
Denial of Service	CPSA-3	3	3.4%
Reduction, Suspension or Termination of Service	CPSA-3	1	1.1%
Timeliness of Service	CPSA-3	1	1.1%
Denial of Service	CPSA-5	4	4.5%
Denial of Service Outside Network	CPSA-5	1	1.1%
Reduction, Suspension or Termination of Service	CPSA-5	7	8.0%
Timeliness of Service	CPSA-5	1	1.1%
Denial of Claim Payment	Magellan	2	2.3%
Denial of Service	Magellan	53	60.2%
Denial of Service Outside Network	Magellan	3	3.4%
Reduction, Suspension or Termination of Service	Magellan	2	2.3%
Timeliness of Service	Magellan	1	1.1%
Denial of Service	NARBHA	5	5.7%
Denial of Service Outside Network	NARBHA	1	1.1%
Reduction, Suspension or Termination of Service	NARBHA	1	1.1%
Total		88	100.0%

Outcome of Appeals

Table 11 represents the distribution of TXIX appeals by Appeals Outcomes. Per an identified upward trend in the Appeals Outcome, *RBHA Decision Overturned*, from Q2-Q407, this Appeals Outcome category has been further stratified by RBHA and Program Type. While the Q208 rate of appeals for this Outcome category increased from 27.75% in Q108 to 33% this reporting quarter, it appears that *RBHA Decision Overturned* is on a downward trend starting in Q207 (49%) to 48.78% in Q407 with 33% of appeals outcomes in this resolution category this reporting quarter.

Table 11. Distribution of Appeals among Title XIX Members by Outcomes and RBHA, Q208

Outcome	RBHA	Frequency	Percent
RBHA Decision Overturned	Cenpatico-2	1	1.1%
Withdrawn	Cenpatico-4	1	1.1%
Withdrawn	CPSA-3	3	3.3%
Compromise	CPSA-3	1	1.1%
Dismissed, Failure to Appear (Hearing Level Only)	CPSA-3	1	1.1%
Withdrawn	CPSA-5	3	3.3%
Compromise	CPSA-5	9	10.0%
Dismissed, Other	CPSA-5	1	1.1%
Withdrawn	Magellan	8	8.9%
Compromise	Magellan	1	1.1%
RBHA Decision Upheld	Magellan	19	21.1%
RBHA Decision Overturned	Magellan	18	20.0%
Dismissed, Not an "Action"	Magellan	15	16.7%
Dismissed, Improper Filing Party	Magellan	2	2.2%
Withdrawn	NARBHA	1	1.1%
RBHA Decision Overturned	NARBHA	5	5.6%

Dismissed, Not an "Action"	NARBHA	1	1.1%
Total		90	100.0%

Table 12. Distribution of "Decision Overturned, RBHA," by RBHA and Population

Process Description	RBHA	Frequency	Percent
RBHA TXIX/XXI Appeal - GMH/SA	Cenpatico-2	1	4.2%
RBHA TXIX/XXI Appeal - Child	Magellan	15	62.5%
RBHA TXIX/XXI Appeal - GMH/SA	Magellan	3	12.5%
RBHA TXIX/XXI Appeal - Child	NARBHA	3	12.5%
RBHA TXIX/XXI Appeal - GMH/SA	NARBHA	2	8.3%
Total		24	100.0%

Again, Magellan data indicates the highest rate Appeals Outcomes by this category, at 75% of the total appeals for *RBHA Decision Overturned*, indicating an area for increased technical assistance and targeted improvement (see Table 12). However, only 24 total appeals were captured in this Outcome category this reporting quarter.

Conclusion

ADHS/DBHS utilizes quarterly complaint data to identify system wide areas for improvement and incorporate member feedback into ongoing service delivery. ADHS/DBHS QMO continues to monitor the Covered Services and Complaint Sub-Categories informing the overall complaint rates in order to target improvement efforts to specific RBHAs and their sub-contractors to improve performance statewide. ADHS/DBHS QMO is actively researching industry data to identify standards in complaint reporting and any benchmarks or thresholds to apply in statistical analysis, utilizing data provided by the National Benchmarking Association's Best Practice Roundtable on Complaint Handling Process Benchmarking Study, results of which will be provided to ADHS/DBHS as they are yielded.

ADHS/DBHS QM, along with RBHA representation and members from the functional areas of ADHS/DBHS, will commence a Member Services Workgroup on March 27, 2008. The purpose of this workgroup is to review and streamline the Member Services report; assess the currently used complaint categories and sub-categories for relevance and viability; and ensure accurate and meaningful reporting of complaint data. Proposed changes to the methodologies utilized by ADHS/DBHS and the RBHAs in complaint tracking and trending will be reported to AHCCCS upon identification and completion.

ADHS/DBHS QM provides outcomes of quarterly complaint and grievance and appeals data to multiple ADHS/DBHS committees and teams to ensure the use of complaint data to inform decision making system wide. ADHS/DBHS QM receives recommendations for action from its committees and teams and identifies targeted areas for RBHA specific improvement and increased technical assistance from complaint data to improve member care across the state.